

ASSESSING SUICIDAL RISK

A GUIDE FOR SUPERVISORS

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The prevention of suicides in jails and prisons is a complex problem for which there are no simple remedies. Many methods are currently being utilized by correctional facility administrators to reduce the number of inmate suicides. The methods most frequently used include psychological screening of inmates upon admission, segregation and intensive observation of inmates who have been identified as potentially suicidal, and specialized training for custodial staff. Training staff to identify the potentially suicidal inmate is, in my opinion, an essential first step in the establishment of an effective suicide prevention program. Both the American Medical Association's Standards for Health Services in Jails and the American Correctional Association's Standards for Adult Correction Institutions specify that correctional officers be trained to recognize the signs and symptoms of emotional disturbance.

As correction officers become increasingly sensitized to the suicidal inmate through training, the number of referrals made to supervisory personnel will undoubtedly increase. Supervisors will, therefore, more frequently be dealing with a prisoners who have been identified as being potentially suicidal. All inmates who demonstrate suicidal behavior should be referred to personnel on the medical or mental health staffs for an evaluation of their emotional status. The evaluation performed by the mental health staff should include a statement regarding the nature of the referral, a clinical history, and a mental status examination. After the evaluation is performed, the health services personnel should provide the custodial staff with a summary of their findings and their recommendations.

In an ideal situation, mental health evaluations would be performed soon after a request for an evaluation is made. A prompt evaluation is not, however, possible in most correctional facilities because mental health personnel are not available at all times. The limited availability of personnel who are qualified to perform psychological evaluations makes it necessary for supervisors to make a preliminary assessment of suicidal risk so that adequate precautions can be undertaken until a thorough evaluation can be performed. The following guidelines can be used by supervisors to assess suicidal risk and determine the urgency of the situation. These guidelines are not meant to serve as a substitute for an examination performed by health services personnel.

EVENTS

What events immediately preceded your contact with the inmate? Was the inmate arrested for a shameful act? Was there a death of a relative or friend? Was there a loss of a spouse by divorce? Did the inmate lose trial? Does the inmate report that he was sexually abused? The more significant the event, the greater the risk of suicide.

LETHALITY

Does the inmate have a carefully planned method for committing suicide? Does the plan involve a method that is particularly lethal? Does the plan take precautions against rescue? The risk of suicide increases for those inmates who carefully plan their suicide, use lethal methods, and take precautions against rescue.

In order to assess the extent of this risk, it is necessary to ask the following questions:

"Are you thinking of taking your life?"

"What are you planning to do?"

"When are you planning to do this?"

"Do you have the tools to do this?"

HOPELESSNESS

Does the inmate express feelings of hopelessness? Does the inmate make any of the following statements?

"There is no future."

"I wish I was never born."

"I think my family would be better off without me."

"I feel helpless."

Feelings of hopelessness are highly correlated with successful suicides.

COMMUNICATION

Is the inmate able to communicate with you? Has the inmate been able to communicate with others? When a suicidal inmate refuses to communicate, he may have lost hope of any possibility of rescue. A refusal to communicate increases the risk of suicide.

If an inmate refuses to talk, ask him one or more of the following questions:

"Is there anything preventing you from talking to me?"

"What are you afraid will happen if you talk about what is going on with you?"

"You seem to be suffering, perhaps I could be of help to you if you'd let me know what's going on in you."

It is also advisable to let the inmate know your situation, i.e., "I can't do my job well until I know your story."

DEPRESSION

Does the inmate show signs of depression? Some signs that may indicate depression are:

Loss of appetite

Withdrawal from activities and peers

Sleep difficulties, especially early morning awakening

Posture suggesting fatigue

Sad facial expression

Slowing of thoughts and actions

The risk of suicide increases with the severity of the depression.

FINAL PREPARATIONS

Has the inmate made final preparations such as giving away valued personal possessions, packing up property, or writing a suicide note? The act of making final preparations is highly correlated with suicides.

SUPPORT SYSTEM

Is the inmate a loner? Does he have ties with other inmates in his housing area? Has he been getting visits? Suicidal inmates without support from other people are at a higher risk.

PROFILE

Although any "type" of person can commit suicide, statistics indicate that some categories are more likely to take their lives. New admissions, for example, are at a higher risk.

YOUR PERSONAL REACTION

How does the inmate makes you feel? If the inmate's story makes you feel depressed, the risk of suicide will probably be greater.

When assessing suicidal risk, the correctional supervisor should remember the following points:

1. Stay calm and show concern. When talking to a suicidal inmate, its important to establish some rapport. One way rapport can be established is by asking the following question, "How can I help you?"
2. Emphasize the positive. Tell him that his problems are solvable and that he can be helped.
3. Don't make promises that you can't keep. A failure to keep a promise to a suicidal inmate may create or add to his feelings of rejection and isolation.

The guidelines offered above provide the correctional supervisor with a method for assessing suicidal risk in inmates who have been identified as being potentially suicidal. Following this initial assessment, the supervisor should take precautions as dictated by institutional policy and provide the health services staff with a written summary of his findings. The need for a written referral cannot be understated. It establishes accountability and provides the health service staff with valuable information regarding the inmate's mental status.